

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ACTRIGHT

ADDRESS (number and street)

2029 K STREET NW SUITE 300

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488478

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2014

through

M M M / D D D / Y Y Y Y Y Y
09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brian S Brown

Signature of Treasurer

Brian S Brown

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
OnlyFEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ACTRIGHT

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 09 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		10746.43
(b) Cash on Hand at Beginning of Reporting Period.....	8596.01	
(c) Total Receipts (from Line 19)	3076.90	53000.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11672.91	63747.37
7. Total Disbursements (from Line 31)	1778.48	53852.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9894.43	9894.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	80215.66	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ACTRIGHT

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09		01		2014

To:

M M	/	D D	/	Y Y Y Y
09		30		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

2629.00

44666.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2629.00

44666.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

2629.00

44666.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

447.90

8334.94

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

3076.90

53000.94

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

3076.90

53000.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	138.48	7347.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	138.48	7347.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1640.00	46090.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	415.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	415.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1778.48	53852.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1778.48	53852.94

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2629.00	44666.00
34. Total Contribution Refunds (from Line 28(d))	0.00	415.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2629.00	44251.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	138.48	7347.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	447.90	8334.94
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-309.42	-987.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Catherine Altadonna

Mailing Address PO Box 181

City State Zip Code
 Crosswicks NJ 08515

FEC ID number of contributing federal political committee.

C

Name of Employer

Princeton University

Occupation

Project manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 16 2014

Transaction ID : SA11AI.9952

Amount of Each Receipt this Period

25.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Eric Anthony

Mailing Address 100 Washington St. #6

City State Zip Code
 Brighton MA 02135

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 05 2014

Transaction ID : SA11AI.10000

Amount of Each Receipt this Period

25.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

C. Frank Bailey

Mailing Address 1014 Hopper Ave #514

City State Zip Code
 Santa Rosa CA 95403

FEC ID number of contributing federal political committee.

C

Name of Employer

retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 23 2014

Transaction ID : SA11AI.9976

Amount of Each Receipt this Period

25.00

Dan Sullivan

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Todd Baumann

Mailing Address 4226 Hockaday Drive

City State Zip Code
Dallas TX 75229

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
dentistry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

09 / 11 / 2014

Transaction ID : SA11AI.9942

Amount of Each Receipt this Period

10.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. John Bergsma

Mailing Address 1217 Maryland Ave.

City State Zip Code
Steubenville OH 43952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan University of Steubenville

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 10 / 2014

Transaction ID : SA11AI.9928

Amount of Each Receipt this Period

25.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

C. Glenn W. Bunce

Mailing Address 205 27 1/2 Road

City State Zip Code
Grand Junction CO 81503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

09 / 01 / 2014

Transaction ID : SA11AI.10007

Amount of Each Receipt this Period

10.00

CORY GARDNER FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Paul Caldwell

Mailing Address 10934 E Crestline Ave

City State Zip Code
 Englewood CO 80111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Financial Services

Occupation

Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

09 / 13 / 2014

Transaction ID : SA11AI.9950

Amount of Each Receipt this Period

25.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Marie Cardona

Mailing Address 726 Rocklyn Dr

City State Zip Code
 Windcrest TX 78239

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

09 / 10 / 2014

Transaction ID : SA11AI.9991

Amount of Each Receipt this Period

10.00

DAVID LARSEN FOR CONGRESS

Full Name (Last, First, Middle Initial)

C. Josephine Cassidy

Mailing Address 9214 Annhurst Street

City State Zip Code
 Fairfax VA 22031

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

09 / 10 / 2014

Transaction ID : SA11AI.9929

Amount of Each Receipt this Period

15.00

BELL FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Harry Christie

Mailing Address 23 Lido Circle

City State Zip Code
 Redwood Shores CA 94065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gigatest Labs

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.9922

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Stephen Cignetti

Mailing Address 35 Fairlawn Ave

City State Zip Code
 Oxford MA 01540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Loomis

Occupation

Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

09 / 20 / 2014

Transaction ID : SA11AI.9953

Amount of Each Receipt this Period

50.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

C. Kirk Clark

Mailing Address PO Box 938

City State Zip Code
 McAllen TX 78505

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Automobile dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 11 / 2014

Transaction ID : SA11AI.9940

Amount of Each Receipt this Period

500.00

BELL FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. James Cram

Mailing Address 10950 Cotton Thistle

City State Zip Code
 Roscoe IL 61073

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

MM / DD / YYYY
 09 / 05 / 2014

Transaction ID : SA11AI.9999

Amount of Each Receipt this Period

25.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

B. Mary Cruthers

Mailing Address 19903 North Greenview Dr.

City State Zip Code
 Sun City West AZ 85375

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

MM / DD / YYYY
 09 / 01 / 2014

Transaction ID : SA11AI.9913

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. henry cubberly

Mailing Address 9 joes hill rd

City State Zip Code
 danbury CT 06811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

MM / DD / YYYY
 09 / 17 / 2014

Transaction ID : SA11AI.9915

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Lien Dillon

Mailing Address 19129 Wayne Dr

City State Zip Code
 Triangle VA 22172

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cracker Barrel

Occupation

server

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

09 / 23 / 2014

Transaction ID : SA11AI.10005

Amount of Each Receipt this Period

25.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

B. Monalisa Estie

Mailing Address 1101 Ironwood Rd

City State Zip Code
 Alameda CA 94502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

09 / 10 / 2014

Transaction ID : SA11AI.9927

Amount of Each Receipt this Period

10.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

C. Val Fisher

Mailing Address 1125 Milpitas Blvd

City State Zip Code
 Milpitas CA 95035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 02 / 2014

Transaction ID : SA11AI.9993

Amount of Each Receipt this Period

300.00

KAIFESH FOR CONGRESS

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

335.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 OF 59
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Marcilio Gonzalez

Mailing Address 753 Westchester Drive

City State Zip Code
Corpus Christi TX 78408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Air Liquide

Occupation

Pipeline Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2014

Transaction ID : SA11AI.9916

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robert Haefner

Mailing Address 8205 E Summit Rd

City State Zip Code
Parker CO 80138

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

unemployed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11AI.9958

Amount of Each Receipt this Period

15.00

CORY GARDNER FOR SENATE

Full Name (Last, First, Middle Initial)

c. Mary Happ

Mailing Address 1329 E. Bayview Drive

City State Zip Code
Tempe AZ 85283

FEC ID number of contributing
federal political committee.

C

Name of Employer

DL Warren Enterprises, Inc.

Occupation

Finance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11AI.9995

Amount of Each Receipt this Period

15.00

KAIFESH FOR CONGRESS

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. William Hoffman

Mailing Address 80 Ralph pl.

City State Zip Code
 Berkeley Heights NJ 07922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.9946

Amount of Each Receipt this Period

50.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Kathleen O Holmes

Mailing Address 125 Bella+Vista+

City State Zip Code
 Hillsborough CA 94010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Volunteer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.9924

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Susan Honnold

Mailing Address 11750 W Sunset Blvd., #207

City State Zip Code
 Los Angeles CA 90049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Personal Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.9968

Amount of Each Receipt this Period

25.00

CORY GARDNER FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Susan Honnold

Mailing Address 11750 W Sunset Blvd., #207

City State Zip Code
 Los Angeles CA 90049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Personal Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.9974

Amount of Each Receipt this Period

25.00

COTTON FOR SENATE

Full Name (Last, First, Middle Initial)

B. Susan Honnold

Mailing Address 11750 W Sunset Blvd., #207

City State Zip Code
 Los Angeles CA 90049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Personal Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.9981

Amount of Each Receipt this Period

25.00

Friends of Dave Brat

Full Name (Last, First, Middle Initial)

C. Susan Honnold

Mailing Address 11750 W Sunset Blvd., #207

City State Zip Code
 Los Angeles CA 90049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Personal Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.9990

Amount of Each Receipt this Period

25.00

JONI ERNST FOR US SENATE INC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. James Hottenroth

Mailing Address 1545 Olive ST.

City State Zip Code
 Denver CO 80220

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Wagner Equipment Co.

Occupation
 trainer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

09 / 28 / 2014

Transaction ID : SA11AI.9962

Amount of Each Receipt this Period

25.00

CORY GARDNER FOR SENATE

Full Name (Last, First, Middle Initial)

B. Daniel Hughes

Mailing Address 2005 FERN HILL CT

City State Zip Code
 HENDERSON NV 89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self

Occupation
 Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.9964

Amount of Each Receipt this Period

100.00

CORY GARDNER FOR SENATE

Full Name (Last, First, Middle Initial)

C. BRIAN KILLIAN

Mailing Address RR 6

City State Zip Code
 Lower South River AZ 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
 King Geoffrey

Occupation
 Inquisitor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9.00

Date of Receipt

09 / 18 / 2014

Transaction ID : SA11AI.9954

Amount of Each Receipt this Period

1.00

Ben Sasse for U.S. Senate

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

126.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BRIAN KILLIAN

Mailing Address RR 6

City

Lower South River

State

AZ

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer

King Geoffrey

Occupation

Inquisitor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

09 / 18 / 2014

Transaction ID : SA11AI.10001

Amount of Each Receipt this Period

1.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

B. BRIAN KILLIAN

Mailing Address RR 6

City

Lower South River

State

AZ

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer

King Geoffrey

Occupation

Inquisitor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11.00

Date of Receipt

09 / 19 / 2014

Transaction ID : SA11AI.9982

Amount of Each Receipt this Period

1.00

JONI ERNST FOR US SENATE INC

Full Name (Last, First, Middle Initial)

C. BRIAN KILLIAN

Mailing Address RR 6

City

Lower South River

State

AZ

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer

King Geoffrey

Occupation

Inquisitor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.9972

Amount of Each Receipt this Period

1.00

COTTON FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. James Mardian

Mailing Address 5826 N. 70th Place

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mardian Data Inc

Occupation

Data Services Consultant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

20.00

Date of Receipt

09 / 11 / 2014

Transaction ID : SA11AI.9970

Amount of Each Receipt this Period

20.00

COTTON FOR SENATE

Full Name (Last, First, Middle Initial)

B. Louise Meehan

Mailing Address 621 W. Ellis Ave

City

Inglewood

State

CA

Zip Code

90302

FEC ID number of contributing
federal political committee.

C

Name of Employer

God

Occupation

Prolife Volunteer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 10 / 2014

Transaction ID : SA11AI.9931

Amount of Each Receipt this Period

25.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

C. WILLIAM MORA

Mailing Address P O BOX 680143

City

HOUSTON

State

TX

Zip Code

77268

FEC ID number of contributing
federal political committee.

C

Name of Employer

HENRY MORA AND ASSOCIATES

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.9966

Amount of Each Receipt this Period

100.00

CORY GARDNER FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

145.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. WILLIAM MORA

Mailing Address P O BOX 680143

City
HOUSTON

State
TX

Zip Code
77268

FEC ID number of contributing
federal political committee.

C

Name of Employer

HENRY MORA AND ASSOCIATES

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.9973

Amount of Each Receipt this Period

100.00

COTTON FOR SENATE

Full Name (Last, First, Middle Initial)

B. WILLIAM MORA

Mailing Address P O BOX 680143

City
HOUSTON

State
TX

Zip Code
77268

FEC ID number of contributing
federal political committee.

C

Name of Employer

HENRY MORA AND ASSOCIATES

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.9980

Amount of Each Receipt this Period

100.00

Dan Sullivan

Full Name (Last, First, Middle Initial)

C. WILLIAM MORA

Mailing Address P O BOX 680143

City
HOUSTON

State
TX

Zip Code
77268

FEC ID number of contributing
federal political committee.

C

Name of Employer

HENRY MORA AND ASSOCIATES

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.9989

Amount of Each Receipt this Period

100.00

JONI ERNST FOR US SENATE INC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. WILLIAM MORA

Mailing Address P O BOX 680143

City
HOUSTON

State
TX

Zip Code
77268

FEC ID number of contributing
federal political committee.

C

Name of Employer

HENRY MORA AND ASSOCIATES

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.10006

Amount of Each Receipt this Period

100.00

Thom R Tillis

Full Name (Last, First, Middle Initial)

B. Myra Myers

Mailing Address 2613 Normandy Dr

City

Flower Mound

State

TX

Zip Code

75028

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

09 / 24 / 2014

Transaction ID : SA11AI.9984

Amount of Each Receipt this Period

15.00

JONI ERNST FOR US SENATE INC

Full Name (Last, First, Middle Initial)

C. Kenneth Neeser

Mailing Address 422 Atlanta Ave

City

San Jose

State

CA

Zip Code

95125

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

09 / 10 / 2014

Transaction ID : SA11AI.9935

Amount of Each Receipt this Period

35.00

BELL FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. William Oberlander

Mailing Address 9930 W+Burns+Dr

City

Sun City

State

AZ

Zip Code

85351

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.9960

Amount of Each Receipt this Period

15.00

CORY GARDNER FOR SENATE

Full Name (Last, First, Middle Initial)

B. Rossy Orozco

Mailing Address 489 East 183rd St.

City

BRONX

State

NY

Zip Code

10458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crescent

Occupation

enginner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

09 / 11 / 2014

Transaction ID : SA11AI.9944

Amount of Each Receipt this Period

25.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

C. Richard J Palacio

Mailing Address 910 Harris St

City

Marysville

State

CA

Zip Code

95901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pac Pizza LLC

Occupation

Restaurant Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.9926

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. James Papp

Mailing Address 9 Allyndale Drive

City State Zip Code
Stratford CT 06614

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
University of Bridgeport lifeguard

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

09 / 11 / 2014

Transaction ID : SA11AI.9937

Amount of Each Receipt this Period

10.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Shannon Phinney

Mailing Address 3040 75th St.

City State Zip Code
Norway IA 52318

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Frontier Coop Distribution Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.9920

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Brian Powell

Mailing Address 1685 Ellis Hollow Road

City State Zip Code
Ithaca NY 14850

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Kinney Drugs Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

09 / 10 / 2014

Transaction ID : SA11AI.9930

Amount of Each Receipt this Period

50.00

BELL FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. jan rafie

Mailing Address 28w525 diversey

City
west chicago

State Zip Code
IL 60185

FEC ID number of contributing
federal political committee.

C

Name of Employer

none

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

09 / 24 / 2014

Transaction ID : SA11AI.9986

Amount of Each Receipt this Period

15.00

JONI ERNST FOR US SENATE INC

Full Name (Last, First, Middle Initial)

B. Sharon Schopp

Mailing Address P.O.Box 7660

City
Port St. Lucie

State Zip Code
FL 34985

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

09 / 19 / 2014

Transaction ID : SA11AI.10003

Amount of Each Receipt this Period

10.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

C. Diane Schulte

Mailing Address 4555 Barbara Ave E

City
Inver Grove Heights

State Zip Code
MN 55077

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2014

Transaction ID : SA11AI.9977

Amount of Each Receipt this Period

50.00

Dan Sullivan

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Dianna Serio

Mailing Address 8 Brookstone

City State Zip Code
 Irvinee CA 92604

FEC ID number of contributing federal political committee.

C

Name of Employer

First American

Occupation

SVP Business Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 18 2014

Transaction ID : SA11AI.9918

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John Shipley

Mailing Address 8080 142nd St

City State Zip Code
 Sebastian FL 32958

FEC ID number of contributing federal political committee.

C

Name of Employer

Harris corp

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11AI.9979

Amount of Each Receipt this Period

25.00

Dan Sullivan

Full Name (Last, First, Middle Initial)

C. Karen Smiga

Mailing Address 132 Sweeping Mist Circle

City State Zip Code
 Frederica DE 19946

FEC ID number of contributing federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.9948

Amount of Each Receipt this Period

10.00

BELL FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Eugene C Sullivan

Mailing Address 163 Clearview Street

City

Beaver Falls

State

PA

Zip Code

15010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geneva College

Occupation

Retired Football Coach

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

09 / 10 / 2014

Transaction ID : SA11AI.9933

Amount of Each Receipt this Period

10.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Jeryl Turco Maglio

Mailing Address 6 Vizcaya Court

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

health care administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

09 / 11 / 2014

Transaction ID : SA11AI.9938

Amount of Each Receipt this Period

25.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

c. Lyle Van De Griend

Mailing Address 3447 440th Street

City

Orange City

State

IA

Zip Code

51041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Farmers Coop Society

Occupation

Feed mill manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 25 / 2014

Transaction ID : SA11AI.9988

Amount of Each Receipt this Period

50.00

JONI ERNST FOR US SENATE INC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. DONALD VANLANDINGHAM

Mailing Address 7401 DEERFIELD ROAD

City
LONGMONT

State Zip Code
CO 80503

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.9956

Amount of Each Receipt this Period

25.00

CORY GARDNER FOR SENATE

Full Name (Last, First, Middle Initial)

B. James Van Patten

Mailing Address 461 2nd st

City
San Francisco

State Zip Code
CA 94107

FEC ID number of contributing
federal political committee.

C

Name of Employer

OCZ

Occupation

Semper Fi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

09 / 05 / 2014

Transaction ID : SA11AI.9997

Amount of Each Receipt this Period

25.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

C. allan walker

Mailing Address 887 entrada place

City
chula vista

State Zip Code
CA 91910

FEC ID number of contributing
federal political committee.

C

Name of Employer

military contractor

Occupation

engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.9971

Amount of Each Receipt this Period

20.00

COTTON FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

2629.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BELL FOR SENATE

Mailing Address PO BOX 31

City

PALISADES PARK

State

NJ

Zip Code

07650

FEC ID number of contributing
federal political committee.

C C00558122

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

09 / **17** / **2014**

Transaction ID : SA15.9902

Amount of Each Receipt this Period

247.50

Fundraising and processing fee

Full Name (Last, First, Middle Initial)

B. COTTON FOR SENATE

Mailing Address PO BOX 379

City

DARDANELLE

State

AR

Zip Code

72834

FEC ID number of contributing
federal political committee.

C C00499988

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.20

Date of Receipt

09 / **03** / **2014**

Transaction ID : SA15.9908

Amount of Each Receipt this Period

15.00

Fundraising and processing fee

Full Name (Last, First, Middle Initial)

C. COTTON FOR SENATE

Mailing Address PO BOX 379

City

DARDANELLE

State

AR

Zip Code

72834

FEC ID number of contributing
federal political committee.

C C00499988

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.20

Date of Receipt

09 / **17** / **2014**

Transaction ID : SA15.9903

Amount of Each Receipt this Period

6.00

Card processing fee

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

268.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. DAVID LARSEN FOR CONGRESS

Mailing Address PO Box 214

City

OLDWICK

State

NJ

Zip Code

08858

FEC ID number of contributing
federal political committee.

C C00510750

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

09 / **17** / **2014**

Transaction ID : SA15.9901

Amount of Each Receipt this Period

3.00

Card processing fee

Full Name (Last, First, Middle Initial)

B. KAIFESH FOR CONGRESS

Mailing Address 869 E SCHAUMBURG RD #377

City

SCHAUMBURG

State

IL

Zip Code

60194

FEC ID number of contributing
federal political committee.

C C00551036

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.20

Date of Receipt

09 / **03** / **2014**

Transaction ID : SA15.9907

Amount of Each Receipt this Period

45.00

Fundraising and processing fee

Full Name (Last, First, Middle Initial)

C. KAIFESH FOR CONGRESS

Mailing Address 869 E SCHAUMBURG RD #377

City

SCHAUMBURG

State

IL

Zip Code

60194

FEC ID number of contributing
federal political committee.

C C00551036

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.20

Date of Receipt

09 / **10** / **2014**

Transaction ID : SA15.9906

Amount of Each Receipt this Period

37.00

Fundraising and processing fee

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. KAIFESH FOR CONGRESS

Mailing Address 869 E SCHAUMBURG RD #377

City State Zip Code
 SCHAUMBURG IL 60194

FEC ID number of contributing
federal political committee.

C C00551036

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.20

Date of Receipt

09 / **17** / **2014**

Transaction ID : SA15.9904

Amount of Each Receipt this Period

90.00

Fundraising and processing fee

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

443.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address 200 Vesey St

City State Zip Code
 Manhattan NY 10080

Purpose of Disbursement
 Settlement fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 09 / 02 / 2014

Transaction ID : SB21B.9894

Amount of Each Disbursement this Period

1.60

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address 200 Vesey St

City State Zip Code
 Manhattan NY 10080

Purpose of Disbursement
 Settlement fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2014

Transaction ID : SB21B.9895

Amount of Each Disbursement this Period

1.60

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address 200 Vesey St

City State Zip Code
 Manhattan NY 10080

Purpose of Disbursement
 Settlement fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2014

Transaction ID : SB21B.9896

Amount of Each Disbursement this Period

0.58

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.78

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address 200 Vesey St

City State Zip Code
 Manhattan NY 10080

Purpose of Disbursement
 Settlement fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : SB21B.9897

Amount of Each Disbursement this Period

16.16

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address 200 Vesey St

City State Zip Code
 Manhattan NY 10080

Purpose of Disbursement
 Settlement fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 09 / 17 / 2014

Transaction ID : SB21B.9898

Amount of Each Disbursement this Period

0.87

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address 200 Vesey St

City State Zip Code
 Manhattan NY 10080

Purpose of Disbursement
 Settlement fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : SB21B.9899

Amount of Each Disbursement this Period

1.60

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

18.63

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ACTRIGHT

001

Category/
Type

Response	Percentage
U.S. should take more action to reduce global warming	87%

09 / 02 / 2014

001

Category/
Type

Age Group	Percentage
18-24	~10.00
25-34	~15.00
35-44	~20.00
45-54	~25.00
55-64	50.36
65-74	~10.00
75-84	~5.00
85+	~5.00

001

Category/
Type

47.38

98.61

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. PNC BankMailing Address 249 Fifth Ave
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Merchant discount

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 02 / 2014**Transaction ID : SB21B.9893**

Amount of Each Disbursement this Period

17.46

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17.46

138.48

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

A. BELL FOR SENATE

Date of Disbursement

Transaction ID : SB23.10009

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State: NJ District: 00

B. BELL FOR SENATE

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB23.10010

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State: NJ District: 00

C. BELL FOR SENATE

Date of Disbursement

Transaction ID : SB23.10011

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State: NJ District: 00

SUBTOTAL of Disbursements This Page (optional).....

50.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Powell, Brian

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB23.10012

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Meehan, Louise

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB23.10013

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Sullivan, Eugene C

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB23.10014

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

85.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Neeser, Kenneth

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB23.10015

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Papp, James

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB23.10016

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Turco Maglio, Jeryl

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB23.10017

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

70.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Clark, Kirk

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB23.10018

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Baumann, Todd

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB23.10019

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Orozco, Rossy

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB23.10020

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

535.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Hoffman, William

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB23.10021

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Smiga, Karen

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB23.10022

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Caldwell, Paul

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB23.10023

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

85.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Altadonna, Catherine

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Transaction ID : SB23.10024

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Cignetti, Stephen

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Transaction ID : SB23.10025

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. CORY GARDNER FOR SENATE

Mailing Address 9227 E. LINCOLN AVE., #200-234

City	State	Zip Code
LONE TREE	CO	80124

Purpose of Disbursement
Bunce, Glenn W.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CO	District: 04

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB23.10040

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

85.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. COTTON FOR SENATE

Mailing Address PO BOX 379

City	State	Zip Code
DARDANELLE	AR	72834

Purpose of Disbursement
Crear, David

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AR	District: 04

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB23.10026

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. COTTON FOR SENATE

Mailing Address PO BOX 379

City	State	Zip Code
DARDANELLE	AR	72834

Purpose of Disbursement
Mardian, James

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AR	District: 04

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB23.10027

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. DAVID LARSEN FOR CONGRESS

Mailing Address PO Box 214

City	State	Zip Code
OLDWICK	NJ	08858

Purpose of Disbursement
Cardona, Marie

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 07

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB23.10028

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

80.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. FRIENDS OF COLONEL ROB MANESS

Mailing Address PO BOX 25

City MADISONVILLE	State LA	Zip Code 70447
----------------------	-------------	-------------------

Purpose of Disbursement
perino, salvador

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB23.10039

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. KAIFESH FOR CONGRESS

Mailing Address 869 E SCHAUMBURG RD #377

City SCHAUMBURG	State IL	Zip Code 60194
--------------------	-------------	-------------------

Purpose of Disbursement
Bellinger, James

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB23.10030

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. KAIFESH FOR CONGRESS

Mailing Address 869 E SCHAUMBURG RD #377

City SCHAUMBURG	State IL	Zip Code 60194
--------------------	-------------	-------------------

Purpose of Disbursement
Litloff, Edwin

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB23.10031

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

175.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. KAIFESH FOR CONGRESS

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement
Rockenbach, Richard

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB23.10032

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. KAIFESH FOR CONGRESS

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement
Perez, Naomi

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB23.10033

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. KAIFESH FOR CONGRESS

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement
Fisher, Val

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : SB23.10029

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

375.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. KAIFESH FOR CONGRESS

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement
Happ, Mary

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : SB23.10034

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. KAIFESH FOR CONGRESS

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement
Van Patten, James

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : SB23.10035

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. KAIFESH FOR CONGRESS

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement
Cram, James

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : SB23.10036

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

65.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. KAIFESH FOR CONGRESS

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement
Anthony, Eric

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2014

Transaction ID : SB23.10037

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. KAIFESH FOR CONGRESS

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement
Schopp, Sharon

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2014

Transaction ID : SB23.10038

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

35.00

1640.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 44 OF 59

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

August use of mailing address, phone, office

Mailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4148

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

September use of address, phone, office

Mailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4176

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

October use of mailing address, phone, office

Mailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4178

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

750.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 45 OF 59

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

November use of mailing address, phone,
officeMailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4179

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

December use of mailing address, phone,
officeMailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.4180

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

Mass emails supporting Jorgensen for
CongressMailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

4357.75

Transaction ID : SD10.5069

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4357.75

1) **SUBTOTALS** This Period This Page (optional)..... ►

4707.75

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

Fundraising emails in July

Mailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

3606.78

Transaction ID : SD10.5212

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3606.78

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

February and March reporting and processing services retainer

Mailing Address 209 W Main St

City State Zip Code
Plainfield IN 46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4181

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

April retainer for reporting and processing services

Mailing Address 209 W Main St

City State Zip Code
Plainfield IN 46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4190

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6606.78

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

May reporting and processing services
retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4191

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

May reporting and processing services and
June retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2748.93

Transaction ID : SD10.4192

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2748.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

June reporting and processing services and
July retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2767.00

Transaction ID : SD10.4193

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2767.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6515.93

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

October reporting and processing services and
November retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

307.50

Transaction ID : SD10.4186

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

307.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

November reporting and processing services
and December retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2657.00

Transaction ID : SD10.4185

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2657.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

December reporting and processing services
and Jan retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2465.00

Transaction ID : SD10.4184

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2465.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5429.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

January reporting and processing services and
Feb retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2255.00

Transaction ID : SD10.4233

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2255.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Feb reporting and processing/Mar legal and
reporting retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4319

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Mar reporting and processing/Apr legal and
reporting retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4374

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6255.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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FOR LINE NUMBER:
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☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Legal compliance, bookkeeping, and reporting
services in April

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

3737.50

Transaction ID : SD10.4702

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3737.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Legal compliance, bookkeeping, and reporting
services in May

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2907.50

Transaction ID : SD10.5067

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2907.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

June administrative and legal services.

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2477.05

Transaction ID : SD10.5569

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2477.05

1) **SUBTOTALS** This Period This Page (optional)..... ►

9122.05

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Bundling, administrative, legal, and office
services

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2077.60

Transaction ID : SD10.5600

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2077.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Sept. bundling, administrative, legal, and office
services

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2067.50

Transaction ID : SD10.5971

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2067.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Sept. reporting and processing services and
Oct. retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2097.50

Transaction ID : SD10.6485

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2097.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

6242.60

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
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☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Reporting, bundling, compliance, and admin
services in October

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1605.00

Transaction ID : SD10.6817

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1605.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Compliance, reporting, and bundling services
in November

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1130.00

Transaction ID : SD10.7051

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1130.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Compliance, reporting, bundling, and
administrative services in Dec 2013

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1235.00

Transaction ID : SD10.7356

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1235.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3970.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Compliance and administrative services in January

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

854.20

Transaction ID : SD10.7717

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

854.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Legal, processing, reporting, and admin services in February

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1238.00

Transaction ID : SD10.8465

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1238.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Legal, bundling, and administrative services

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1038.00

Transaction ID : SD10.8513

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1038.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3130.20

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Bundling, administrative, compliance services
for May 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1228.50

Transaction ID : SD10.9028

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1228.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Bundling, administrative, compliance services
for June 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1305.25

Transaction ID : SD10.9248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1305.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Bundling, administrative, compliance services
in July 2014

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

925.00

Transaction ID : SD10.9401

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

925.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3458.75

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Compliance and administrative services for
July 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

925.00

Transaction ID : SD10.9615

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

925.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Compliance and administrative services for
August 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9911

Amount Incurred This Period

1677.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

1677.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Fund

Nature of Debt (Purpose):

Fundraising emails in July 2013

Mailing Address 2029 K St NW

Suite 300

City

State

Zip Code

Washington

DC

20006

Outstanding Balance Beginning This Period

5024.60

Transaction ID : SD10.5208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5024.60

1) **SUBTOTALS** This Period This Page (optional)..... ►

7627.10

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

April legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4198

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

May legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4199

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

June legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4200

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal FoundationNature of Debt (Purpose):
July legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal FoundationNature of Debt (Purpose):
August legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal FoundationNature of Debt (Purpose):
September legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4203

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
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☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

October legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

November legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4205

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

December legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

March legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4196

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Barry A Bostrom

Nature of Debt (Purpose):

Legal services in January

Mailing Address 2524 N 8th Street

City State

Zip Code

Terre Haute

IN

47804

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4194

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Paul Bothwell

Nature of Debt (Purpose):

Administrative services July 2011 - March 2012

Mailing Address 606 S. Taylor St.

City

State

Zip Code

Arlington

VA

22204

Outstanding Balance Beginning This Period

5400.00

Transaction ID : SD10.4230

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5400.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

7400.00

2) **TOTALS** This Period (last page this line number only)..... ►

80215.66

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

80215.66